

military installation includes medical personnel with the knowledge and expertise required to determine whether a reported incident of serious harm to a child meets the criteria of the Department of Defense for child abuse described in subsection (a)(2)(A).

“(B) SERIOUS HARMFUL BEHAVIORS BETWEEN CHILDREN AND YOUTH MULTIDISCIPLINARY TEAM.—The Secretary of Defense shall establish guidance for each Serious Harmful Behaviors Between Children and Youth Multidisciplinary Team on a military installation to address reported incidents of serious harmful behaviors between children and youth described in subsection (a)(2)(C).”;

(C) in paragraph (2)—

(i) in subparagraph (A)—

(I) in the subparagraph heading, by inserting “RELATING TO CHILD ABUSE AND ADULT CRIMES AGAINST CHILDREN”;

(II) by striking “covered incidents of serious harm to children” and inserting “incidents of child abuse described in subsection (a)(2)(A) and crimes described in subsection (a)(2)(B)”;

(ii) by redesignating subparagraph (B) as subparagraph (C);

(iii) by inserting after subparagraph (A) the following new subparagraph (B):

“(B) DEVELOPMENT OF STANDARDIZED PROCESS RELATING TO SERIOUS HARMFUL BEHAVIORS BETWEEN CHILDREN AND YOUTH.—The Secretary of Defense shall develop a standardized process by which a military department screens incidents of serious harmful behavior between children and youth described in subsection (a)(2)(C) to determine whether to convene a Serious Harmful Behavior Between Children and Youth Multidisciplinary Team.”; and

(iv) in subparagraph (C), as redesignated by clause (ii), by striking “process developed pursuant to subparagraph (A)” and inserting “processes developed pursuant to subparagraphs (A) and (B)”;

(D) in paragraph (7)—

(i) by striking “INCIDENT” and all that follows through “the term” and inserting the following: “DEFINITIONS.—In this subsection:

“(A) INCIDENT DETERMINATION COMMITTEE.—The term”;

(ii) by inserting after “child abuse” the following: “described in subsection (a)(2)(A) and crimes described in subsection (a)(2)(B)”;

(iii) by adding at the end the following new subparagraph:

“(B) SERIOUS HARMFUL BEHAVIORS BETWEEN CHILDREN AND YOUTH MULTIDISCIPLINARY TEAM.—The term ‘Serious Harmful Behaviors Between Children and Youth Multidisciplinary Team’ means a coordinated community response team on a military installation—

“(i) composed of members with the requisite experience, qualifications, and skills to address serious harmful behaviors between children and youth described in subsection (a)(2)(C) from a developmentally appropriate and trauma-informed perspective; and

“(ii) with objectives that include development of procedures for information sharing, collaborative and coordinated response, restorative resolution, effective investigations and assessments, evidence-based clinical interventions and rehabilitation, and prevention of serious harmful behaviors between children and youth.”.

SA 4021. Ms. ERNST (for herself, Ms. HASSAN, Mr. GRASSLEY, Mr. CRAMER, Mrs. FEINSTEIN, Mr. BURR, Mr. TILLIS, Mr. RISCH, Mrs. GILLIBRAND, and Mr. TESTER) submitted an amendment intended to be proposed to amendment SA 3867 submitted by Mr. REED and intended to be proposed to the bill H.R.

4350, to authorize appropriations for fiscal year 2022 for military activities of the Department of Defense, for military construction, and for defense activities of the Department of Energy, to prescribe military personnel strengths for such fiscal year, and for other purposes; which was ordered to lie on the table; as follows:

At the end of subtitle E of title X, add the following:

SEC. 10. NATIONAL GLOBAL WAR ON TERRORISM MEMORIAL.

(a) AUTHORIZATION.—Notwithstanding section 8908(c) of title 40, United States Code, the Global War on Terrorism Memorial Foundation shall establish a National Global War on Terrorism Memorial within the Reserve.

(b) LOCATION.—The Memorial may be located at one of the following sites:

(1) Potential Site 1—Constitution Gardens, Prime Candidate Site 10 in The Memorials and Museums Master Plan.

(2) Potential Site 2—JFK Hockey Fields, Prime Candidate Site 18 in The Memorials and Museums Master Plan.

(3) Potential Site 3—West Potomac Park, Candidate Site 70 in The Memorials and Museums Master Plan.

(c) COMMEMORATIVE WORKS ACT.—Except as otherwise provided by subsections (a) and (b), chapter 89 of title 40, United States Code (commonly known as the “Commemorative Works Act”), shall apply to the Memorial.

(d) DEFINITIONS.—In this section:

(1) MEMORIAL.—The term “Memorial” means the National Global War on Terrorism Memorial authorized under subsection (a).

(2) RESERVE.—The term “Reserve” has the meaning given that term in 8902(a)(3) of title 40, United States Code.

SA 4022. Mrs. SHAHEEN (for herself and Mr. TILLIS) submitted an amendment intended to be proposed to amendment SA 3867 submitted by Mr. REED and intended to be proposed to the bill H.R. 4350, to authorize appropriations for fiscal year 2022 for military activities of the Department of Defense, for military construction, and for defense activities of the Department of Energy, to prescribe military personnel strengths for such fiscal year, and for other purposes; which was ordered to lie on the table; as follows:

At the end of subtitle A of title VII, add the following:

SEC. 704. TREATMENT FOR EATING DISORDERS FOR MEMBERS OF THE ARMED FORCES AND DEPENDENTS OF MEMBERS OF THE UNIFORMED SERVICES.

(a) FINDINGS.—Congress finds the following:

(1) Eating disorders affect approximately 30,000,000 individuals in the United States, or nine percent of the population, during their lifetime, including individuals from every age, gender, body size, race, ethnicity, and socioeconomic status.

(2) Eating disorders are severe, biologically based mental illnesses caused by a complex interaction of genetic, biological, social, behavioral, and psychological factors.

(3) Eating disorders result in the second highest case fatality rate of any psychiatric illness, with one death every 52 minutes as a direct result of an eating disorder due to serious medical comorbidities and suicide.

(4) Untreated eating disorders cost the economy of the United States \$64,700,000,000 annually, with individuals and their families experiencing an economic loss of \$23,500,000,000 annually.

(5) A study from the Armed Forces Health Surveillance Branch found that diagnoses of eating disorders among military personnel increased by 26 percent from 2013 to 2016.

(6) Although accurate estimates are challenging due to underreporting, the prevalence of eating disorders among members of the Armed Forces is two to three times higher than in the civilian population.

(7) The Defense Health Board found that women members of the Armed Forces on active duty experience high rates of eating disorders, which can adversely affect the readiness and health of such members.

(8) Risk factors for eating disorders among members of the Armed Forces include pressure to maintain weight and fitness standards, trauma, sexual harassment, weight stigmatization, and post-traumatic stress disorder.

(9) Family members of members of the Armed Forces have a higher prevalence of eating disorders than the general population, with 21 percent of children and 26 percent of spouses of members of the Armed Forces found to be at risk of developing an eating disorder.

(10) Research demonstrates a strong correlation in the risk of developing an eating disorder between a military spouse and their adolescent child. An adolescent female dependent of a member of the Armed Forces is more likely to be at risk for an eating disorder if their nonmilitary parent is at risk for an eating disorder.

(b) TREATMENT FOR EATING DISORDERS FOR DEPENDENTS OF MEMBERS OF THE UNIFORMED SERVICES.—Section 1079 of title 10, United States Code, is amended—

(1) in subsection (a), by adding at the end the following new paragraph:

“(18) Treatment for an eating disorder may be provided in accordance with subsection (r).”;

(2) by adding at the end the following new subsection:

“(r)(1) The provision of health care services for an eating disorder under subsection (a)(18) shall include treatment at facilities providing the following services:

“(A) Inpatient services, including residential services.

“(B) Outpatient services for in-person and telehealth care, including—

“(i) Partial hospitalization services; and

“(ii) Intensive outpatient services.

“(2) A dependent may be provided health care services for an eating disorder under subsection (a)(18) without regard to the age of the dependent, except with respect to residential services under paragraph (1)(A), which may be provided only to a dependent who is not eligible for hospital insurance benefits under part A of title XVIII of the Social Security Act (42 U.S.C. 1395c et seq.).

“(3) In this section, the term ‘eating disorder’ has the meaning given the term ‘feeding and eating disorders’ in the Diagnostic and Statistical Manual of Mental Disorders, 5th Edition (or successor edition), published by the American Psychiatric Association.”.

(c) IDENTIFICATION AND TREATMENT OF EATING DISORDERS FOR MEMBERS OF THE ARMED FORCES.—

(1) IN GENERAL.—Section 1090 of title 10, United States Code, is amended—

(A) by striking “The Secretary of Defense” and inserting the following:

“(a) IDENTIFICATION AND TREATMENT OF EATING DISORDERS AND DRUG AND ALCOHOL DEPENDENCE.—The Secretary of Defense”;

(B) by inserting “have an eating disorder or” before “are dependent on drugs or alcohol”;

(C) by adding at the end the following new subsections:

“(b) FACILITIES AVAILABLE TO INDIVIDUALS WITH EATING DISORDERS.—For purposes of